


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # G84490
1. Entity Name
TAMPA TUBE CONTAINERS, INC.



Principal Place of Business Mailing Address
% VICTOR J. BOLSA % VICTOR J. BOLSA
6605 ANDERSON RD 6605 ANDERSON RD
TAMPA, FL 33634 US TAMPA, FL 33634 US

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2380822 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BOLSA, VICTOR J.
6605 ANDERSON RD.
TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

1000000290568
04/06/05-80070-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLSA, VICTOR
STREET ADDRESS	6605 ANDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	V
NAME	BOLSA, MARIANO
STREET ADDRESS	6605 ANDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	S
NAME	BOLSA, MARIA M
STREET ADDRESS	6605 ANDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VTD
NAME	BOLSA, VICTOR J.
STREET ADDRESS	6605 ANDERSON RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor J. Bolso 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #